



Please Direct All Correspondence to Customer Number 20995

AMENDMENT / RESPONSE TRANSMITTAL

Applicant : Edwin C. Iliff
 App. No : 10/827,192
 Filed : April 16, 2004
 For : COMPUTERIZED MEDICAL
 DIAGNOSTIC AND TREATMENT
 ADVICE SYSTEM AND METHOD
 INCLUDING MENTAL STATUS
 EXAMINATION
 Examiner : George B. Davis
 Art Unit : 2129

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

December 15, 2005

(Date)

Raimond J. Salenieks, Reg. No. 37,924

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- Amendment in 12 pages.
- Terminal Disclaimer in 2 pages.
- Information Disclosure Statement in 1 page.
- Form PTO/SB/08 Equivalent in 1 page with 1 reference (enclosed)

The fee has been calculated as shown below:

The present application qualifies for Small Entity Status under 37 CFR 1.27.

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FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Excess Claims	33 - 33 = 0	2202 (\$25)	0 x 25 =	\$0
Excess Independent	8 - 8 = 0	2201 (\$100)	0 x 100 =	\$0
Multiple Claim	1.16(j)	2203 (\$180)		\$
1 Month Extension	1.17(a)(1)	2251 (\$60)		\$
2 Month Extension	1.17(a)(2)	2252 (\$225)		\$225
3 Month Extension	1.17(a)(3)	2253 (\$510)		\$
Terminal Disclaimer		2814 (\$65)		\$65
Information Disclosure Statement				\$180
			TOTAL FEE DUE	\$470

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$470 is enclosed.
- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Raimond J. Salenieks
 Registration No. 37,924
 Agent of Record
 Customer No. 20,995
 (619) 235-8550